Provider Edit Requirements (ELN 100 - 199)

ELEMENT NAME: AMERICAN HOSPITAL ASSOCIATION ID NUMBER (3-100)			
	VALIDITY EDITS		
3-100-01V	MUST BE LEFT JUSTIFIED AND BLANK FILLED		
	OR BLANK.		
	RELATIONAL EDITS		
3-100-01R	IF INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR =	N	NON-INSTITUTIONAL
	THEN AMERICAN HOSPITAL ASSOCIATION (AHA) ID NUMBER MUST= BLANK.		

ELEMENT NAME: AHA MULTI-HOSPITAL SYSTEM CODE (3-105)			
	VALIDITY EDITS		
3-105-01V	MUST BE NUMERIC **OR** BLANK.		
	RELATIONAL EDITS		
3-105-01R	IF INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR =	N	NON-INSTITUTIONAL
	THEN AHA MULTI-SYSTEM CODE MUST = BLANK.		

ELEMENT NAME: MEDICARE NUMBER (3-110)			
	VALIDITY EDITS		
3-110-01V	**FIRST TWO** DIGITS MUST BE VALID MEDICARE STATE CODE, IF PRESENT (REFER TO ADDENDUM B, FIGURE 2.B-2)		
	THIRD DIGIT MUST BE ONE OF THE FOLLOWING MEDICARE TYPE OF INSTITUTION CODES - 'S', 'T', 'U', 'W', 'Y', 'Z', '0', '1', '2', '3', '4', '5', '6', '7', '8', '9'		
	DIGITS FOUR THROUGH SIX MUST BE NUMERIC		
	RELATIONAL EDITS		
3-110-01R	IF PROVIDER STATE/COUNTRY CODE (THIRD POSITION) IS **NOT** BLANK		
	AND PROVIDER STATE/COUNTRY CODE ≠	PRI	PUERTO RICO
	THEN MEDICARE NUMBER MUST = BLANK.		
3-110-02R	IF INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR =	N	NON-INSTITUTIONAL
	THEN MEDICARE NUMBER MUST = BLANK.		
3-110-03R	IF DRG EXEMPT/NON-EXEMPT INDICATOR =	N	DRG NON-EXEMPT
	THEN MEDICARE NUMBER CANNOT = BLANK.		

ELEMENT NAME: PROVIDER ACCEPTANCE DATE (3-115)			
	VALIDITY EDITS		
3-115-01V	MUST BE A VALID GREGORIAN DATE **OR** ALL ZEROES AND CANNOT BE > TMA CURRENT SYSTEM DATE.		
	RELATIONAL EDITS		
3-115-01R	PROVIDER TERMINATION DATE ≥ PROVIDER ACCEPTANCE DATE		
	OR PROVIDER TERMINATION DATE = ZEROES		
3-115-02R	IF PROVIDER ACCEPTANCE DATE = ZEROES		
	THEN PROVIDER TERMINATION DATE MUST = ZEROES		

ELEMENT NAME: PROVIDER TERMINATION DATE (3-120)			
	VALIDITY EDITS		
3-120-01V	MUST BE A VALID GREGORIAN DATE OR ALL ZEROES.		
	RELATIONAL EDITS		
3-120-01R	PROVIDER ACCEPTANCE DATE ≤PROVIDER TERMINATION DATE		

ELEMENT NAME: RURAL/URBAN INDICATOR (3-125)			
	VALIDITY EDITS		
3-125-01V	MUST BE A VALID RURAL/URBAN INDICATOR.		
	RELATIONAL EDITS		
3-125-01R	IF THIRD POSITION OF PROVIDER STATE/COUNTRY CODE IS **NOT** BLANK		
	AND PROVIDER STATE/COUNTRY CODE ≠	PRI	PUERTO RICO
	THEN RURAL/URBAN INDICATOR MUST = BLANK.		
3-125-02R	IF DRG EXEMPT/NON-EXEMPT INDICATOR =	C	DRG NON-EXEMPT/CONTRACTOR REIMBURSEMENT ARRANGEMENT **OR**
		N	DRG NON-EXEMPT
	AND INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR =	I	INSTITUTIONAL
	THEN RURAL/URBAN INDICATOR MUST =	L	LARGE URBAN **OR**
		R	RURAL **OR**
		U	URBAN
	ELSE RURAL/URBAN INDICTOR MUST = BLANK		

ELEMENT NAME: IDME RATIO (3-130)			
	VALIDITY EDITS		
3-130-01V	MUST BE NUMERIC.		
	RELATIONAL EDITS		
3-130-01R	IF INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR =	N	NON-INSTITUTIONAL
	THEN IDME RATIO MUST = ZEROES.		

ELEMENT NAME: IDME RATIO EFFECTIVE DATE (3-135)			
	VALIDITY EDITS		
3-135-01V	MUST BE A VALID GREGORIAN DATE **OR** ALL ZEROES.		
	RELATIONAL EDITS		
3-135-01R	IF IDME RATIO = ZEROES		
	THEN IDME RATIO EFFECTIVE DATE MUST = ZEROES		

ELEMENT NAME: AREA WAGE INDEX (3-140)			
	VALIDITY EDITS		
3-140-01V	MUST BE NUMERIC.		
	RELATIONAL EDITS		
3-140-01R	IF INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR =	N	NON-INSTITUTIONAL
	THEN AREA WAGE INDEX MUST = ZEROES.		
3-140-02R	IF DRG EXEMPT/NON-EXEMPT INDICATOR =	N	DRG NON-EXEMPT
	THEN AREA WAGE INDEX MUST ≠ ZEROES.		

ELEMENT NAME: AREA WAGE INDEX EFFECTIVE DATE (3-145)	
	VALIDITY EDITS
3-145-01V	MUST BE A VALID GREGORIAN DATE **OR** ALL ZEROES AND CANNOT BE > TMA CURRENT SYSTEM DATE.
	RELATIONAL EDITS
3-145-01R	IF AREA WAGE INDEX = ZEROES
	THEN EFFECTIVE DATE MUST = ZEROES

ELEMENT NAME: DRG EXEMPT/NON-EXEMPT INDICATOR (3-150)			
	VALIDITY EDITS		
3-150-01V	MUST BE A VALID DRG EXEMPT/NON-EXEMPT INDICATOR		
	RELATIONAL EDITS		
3-150-01R	IF INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR =	N	NON-INSTITUTIONAL
	THEN DRG EXEMPT/NON-EXEMPT INDICATOR MUST BE BLANK.		
3-150-02R	IF INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR =	I	INSTITUTIONAL
	THEN DRG EXEMPT/NON-EXEMPT INDICATOR MUST **NOT** = BLANK.		
3-150-03R	IF THIRD POSITION OF PROVIDER STATE/COUNTRY CODE IS **NOT** BLANK		
	AND PROVIDER STATE/COUNTRY CODE ≠	PRI	PUERTO RICO
	AND INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR =	I	INSTITUTIONAL
	THEN DRG INDICATOR MUST =	E	DRG EXEMPT
3-150-04R	IF INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR =	I	INSTITUTIONAL
	AND PROVIDER STATE/COUNTRY CODE =	MD	MARYLAND
	THEN DRG EXEMPT/NON-EXEMPT INDICATOR MUST =	E	DRG EXEMPT
3-150-05R	IF DRG EXEMPT/NON-EXEMPT INDICATOR =	C	DRG NON-EXEMPT/CONTRACTED REIMBURSEMENT ARRANGEMENT **OR**
		N	DRG NON-EXEMPT
	AND INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR =	I	INSTITUTIONAL
	THEN PROVIDER MAJOR SPECIALTY/TYPE OF INSTITUTION MUST = DRG NON-EXEMPT TYPE OF INSTITUTION (REFER TO ADDENDUM D).		

ELEMENT NAME: DRG EXEMPT/NON-EXEMPT EFFECTIVE DATE (3-155)	
	VALIDITY EDITS
3-155-01V	MUST BE A VALID GREGORIAN DATE **OR** ALL ZEROES AND CANNOT BE > TMA CURRENT SYSTEM DATE.
	RELATIONAL EDITS
3-155-01R	IF DRG EXEMPT/NON-EXEMPT INDICATOR = BLANK
	THEN DRG EXEMPT/NON-EXEMPT EFFECTIVE DATE MUST = ZEROES

ELEMENT NAME: TRANSACTION CODE (3-160)			
	VALIDITY EDITS		
3-160-01V	TRANSACTION CODE MUST =	A	ADD A RECORD **OR**
		I	INACTIVATE A RECORD **OR**
		M	MODIFY A RECORD
	RELATIONAL EDITS		
3-160-01R	IF TRANSACTION CODE =	A	ADD A RECORD
	AND INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR =	I	INSTITUTIONAL
	THEN PROVIDER TAXPAYER NUMBER		
	AND PROVIDER SUB-IDENTIFIER		
	AND ZIP CODE (FIRST FIVE DIGITS)		
	AND PROVIDER MAJOR SPECIALTY/TYPE OF INSTITUTION MUST **NOT** ALREADY EXIST ON THE PROVIDER FILE.		
3-160-02R	IF TRANSACTION CODE =	A	ADD A RECORD
	AND IF INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR =	N	NON-INSTITUTIONAL
	THEN PROVIDER TAXPAYER NUMBER		
	AND PROVIDER SUB-IDENTIFIER		
	AND ZIP CODE (FIRST FIVE DIGITS)		
	MUST **NOT** ALREADY EXIST ON THE PROVIDER FILE.		
3-160-03R	IF TRANSACTION CODE =	A	ADD A RECORD
	AND INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR =	N	NON-INSTITUTIONAL
	AND THE PROVIDER TAXPAYER NUMBER		
	AND ZIP CODE (FIRST FIVE DIGITS) ARE THE SAME AS AN EXISTING RECORD ON THE PROVIDER FILE,		
	AND THE FIRST CHARACTER OF THE PROVIDER SUB-IDENTIFIER IS ALPHABETIC, FOLLOWED BY A NUMBER OTHER THAN 001		
	THEN THE FIRST CHARACTER OF THE PROVIDER SUB-IDENTIFIER MUST MATCH AN EXISTING SUB-IDENTIFIER (WHICH ENDS IN '001') FOR THIS TAXPAYER NUMBER AND ZIP CODE (FIRST FIVE DIGITS) ON THE PROVIDER FILE. THIS LEADING ALPHA PREFIX MUST BE FOLLOWED BY THREE UNIQUE NUMERIC DIGITS		
	OR THE FIRST TWO CHARACTERS OF THE PROVIDER SUB-IDENTIFIER ARE ALPHABETIC, FOLLOWED BY A NUMBER OTHER THAN '01'.		
	THEN THE FIRST TWO CHARACTERS OF THE PROVIDER SUB-IDENTIFIER MUST MATCH AN EXISTING SUB-IDENTIFIER (WHICH ENDS IN '01') FOR THIS TAXPAYER NUMBER AND ZIP CODE ON THE PROVIDER FILE. THE ALPHA PREFIX MUST BE FOLLOWED BY TWO UNIQUE NUMERIC DIGITS.		
3-160-04R	IF TRANSACTION CODE =	A	ADD A RECORD
	AND INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR =	N	NON-INSTITUTIONAL
	AND THE FIRST CHARACTER OF THE SUB-IDENTIFIER IS ALPHABETIC		
	THEN PROVIDER TAXPAYER NUMBER AND ZIP CODE (FIRST FIVE DIGITS) MUST NOT ALREADY EXIST ON THE PROVIDER FILE WITH AN ALL NUMERIC SUB-IDENTIFIER FOR A NON-INSTITUTIONAL PROVIDER RECORD		

ELEMENT NAME: TRANSACTION CODE (3-160) (Continued)			
	UNLESS THE PROVIDER MAJOR SPECIALTY/TYPE OF INSTITUTION CODE OF ONE OF THE MATCHING DATABASE RECORDS =	AMBULANCE SVC SUPPLIERS (FIRST FOUR DIGITS) = 3416 **OR**	
		AMBULATORY HEALTH CARE FACILITIES (FIRST FOUR DIGITS) = 261Q **OR**	
		CLINICAL MEDICAL LABORATORY = 291U00000X, 292D00000X **OR**	
		HOME HEALTH CARE AGENCY = 251E00000X **OR**	
		MEDICAL SUPPLIERS (FIRST THREE DIGITS) = 332 **OR**	
		PHARMACY = 333600000X **OR**	
		FACILITY CHARGES = 251G00000X, 273R00000X, 273Y00000X, 276400000X, 281P00000X, 281PC2000X, 282N00000X, 282NC2000X, 282NW0100X, 283Q00000X, 283X00000X, 284300000X, 287300000X, 313M00000X, 314000000X, 315D00000X, 315P00000X, 320600000X, 322D00000X	
3-160-05R	IF TRANSACTION CODE =	A	ADD A RECORD
	AND INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR =	N	NON-INSTITUTIONAL
	AND PROVIDER SUB-IDENTIFIER IS NUMERIC		
	AND PROVIDER MAJOR SPECIALTY/TYPE OF INSTITUTION ≠	AMBULANCE SVC SUPPLIERS (FIRST FOUR DIGITS) = 3416 **OR**	
		AMBULATORY HEALTH CARE FACILITIES (FIRST FOUR DIGITS) = 261Q **OR**	
		CLINICAL MEDICAL LABORATORY = 291U00000X, 292D00000X **OR**	
		HOME HEALTH CARE AGENCY = 251E00000X **OR**	
		MEDICAL SUPPLIERS (FIRST THREE DIGITS) = 332 **OR**	
		PHARMACY = 333600000X **OR**	
		FACILITY CHARGES = 251G00000X, 273R00000X, 273Y00000X, 276400000X, 281P00000X, 281PC2000X, 282N00000X, 282NC2000X, 282NW0100X, 283Q00000X, 283X00000X, 284300000X, 287300000X, 313M00000X, 314000000X, 315D00000X, 315P00000X, 320600000X, 322D00000X	
	THEN NO NON-INSTITUTIONAL PROVIDER RECORD MAY EXIST ON THE PROVIDER FILE WITH THE SAME PROVIDER TAXPAYER NUMBER AND ZIP CODE (FIRST FIVE DIGITS) **AND** AN ALPHABETIC CHARACTER IN THE SUB-IDENTIFIER.		
	UNLESS A PROVIDER WITH THE SAME PROVIDER TAXPAYER NUMBER AND ZIP CODE WITH A NUMERIC SUB-IDENTIFIER		
	AND PROVIDER MAJOR SPECIALTY/TYPE OF INSITITUTION =	FACILITY CHARGES = 251G00000X, 273R00000X, 273Y00000X, 276400000X, 281P00000X, 281PC2000X, 282N00000X, 282NC2000X, 282NW0100X, 283Q00000X, 283X00000X, 284300000X, 287300000X, 313M00000X, 314000000X, 315D00000X, 315P00000X, 320600000X, 322D00000X	
	ALREADY EXISTS ON THE PROVIDER FILE.		
3-160-06R	IF TRANSACTION CODE =	I	INACTIVATE A RECORD **OR**
		M	MODIFY A RECORD

ELEMENT NAME: TRANSACTION CODE (3-160) (Continued)			
	AND INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR =	I	INSTITUTIONAL
	THEN AN ACTIVE PROVIDER RECORD MUST EXIST ON THE PROVIDER FILE FOR THE SAME PROVIDER TAXPAYER NUMBER, PROVIDER SUB-IDENTIFIER, PROVIDER ZIP CODE, AND PROVIDER MAJOR SPECIALTY/TYPE OF INSTITUTION. (IN THE CASE OF FOREIGN COUNTRY, ZIP WILL BE BLANK; ANY DUPLICATES ADDED WILL HAVE TO BE ASSIGNED ANOTHER PROVIDER TAXPAYER NUMBER.)		
3-160-07R	IF TRANSACTION CODE =	I	INACTIVATE A RECORD **OR**
		M	MODIFY A RECORD
	AND INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR =	N	NON-INSTITUTIONAL
	THEN AN ACTIVE PROVIDER RECORD MUST EXIST ON THE PROVIDER FILE FOR THE SAME PROVIDER TAXPAYER NUMBER, PROVIDER SUB-IDENTIFIER, AND PROVIDER ZIP CODE (FIRST FIVE DIGITS).		
3-160-08R	IF TRANSACTION CODE =	I	INACTIVATE A RECORD
	AND INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR =	N	NON-INSTITUTIONAL
	AND THE FIRST CHARACTER OF THE PROVIDER SUB-IDENTIFIER IS ALPHABETIC FOLLOWED BY 001 **OR** THE FIRST TWO CHARACTERS OF THE PROVIDER SUB-IDENTIFIER IS ALPHABETIC FOLLOWED BY 01		
	THEN ALL ASSOCIATED RECORDS USING THE SAME PROVIDER TAXPAYER NUMBER AND PROVIDER ZIP CODE (FIRST FIVE DIGITS) AND THE SAME 1 OR 2 CHARACTER ALPHA PREFIX OF THE SUB-IDENTIFIER AND DIFFERENT NUMERIC SUFFIX OF THE SUB-IDENTIFIER MUST ALSO BE INACTIVATED.		

ELEMENT NAME: RECORD EFFECTIVE DATE (3-165)	
VALIDITY EDITS	
3-165-01V	MUST BE A VALID GREGORIAN DATE AND CANNOT BE > TMA CURRENT SYSTEM DATE.
RELATIONAL EDITS	
	NONE

- END -